

EXHIBIT F

5 Separate photocopied documents of USPS Certified Mail Receipts. ⁽³⁾PS Form 3800, and ⁽²⁾PS Form 3811. Totalling 5 documents altogether. These documents are in the name of Petitioner, Devon Denzel Letourneau.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

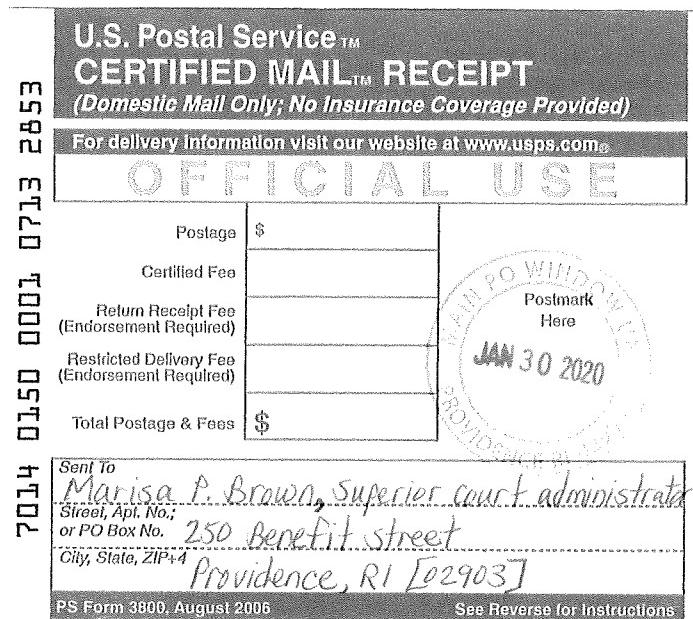
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark
Restricted Delivery Fee (Endorsement Required)		Here
Total Postage & Fees	\$	JAN 30 2020

7014 0150 0001 0713 2846
Sent To
Gina M. Raimondo, Governor of Rhode Island
Street, Apt. No.;
or PO Box No. 82 Smith St. RM 115
City, State, ZIP+4 Providence, RI 02903

PS Form 3800, August 2006 See Reverse for Instructions



THE 2341 0713 0001 0150 0014

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL U.S. POSTAGE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

PROMPT DELIVERY
Postmark
Here
JAN 30 2020

Sent To
Peter F. Neronha, Attorney General of RI
Street, Apt. No.,
or PO Box No. 150 South Main Street
City, State, ZIP+4 Providence, RI 02903

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rhode Island Attorney General,
 Peter F. Neronha
 RI Attorney General Office
 150 South Main St.
 Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee
B. Received by (Printed Name) **2019**

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes2. Article Number **7014 0150 0001 0713 2341**

(Transfer from service label) Affixed to certified document inside envelope.

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

RI 028

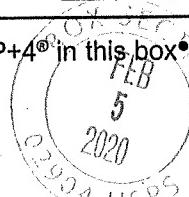
03 FEB '20



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box.

DEVON DENZEL LETOURNEAU, ESTATE.
 Executor Office.
 Nation Rhode Island.
 General Post-Office.
 Corliss Street - Two - Four.
 Providence.
 United States Minor, Outlying Islands.
 Near [02904-9998]



UNITED STATES POSTAL SERVICE

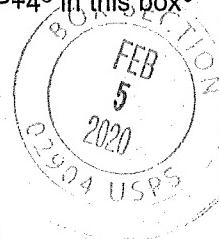
01 FEB 20

PM 2021

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box*

DEVON DENZEL LETOURNEAU, ESTATE,
Executor Office,
Nation Rhode Island.
General Post-Office.
Corliss Street-Two-Four.
Providence.
United States Minor, Outlying Islands.
Near [02904-9998]

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Superior court administrator,
Marisa P. Brown
Providence County superior court
Frank Licht Judicial Complex
250 Benefit street
Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number 7014 0150 0001 0713 2853

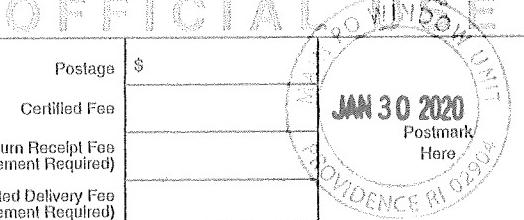
(Transfer from service label) Affixed to Certified Document inside envelope.

EXHIBIT G

6 Separate photocopied documents of usps certified Mail Receipts. (3) ps Form 3800, and (3) ps Form 3811. Totaling 6 documents altogether. These documents are in the name of Petitioner, Charles Emanuel Porter Pona.

CERTIFIED MAIL RECEIVED

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Sent To	
Gina M. Raimondo, Governor of Rhode Island	
Street, Apt. No., or PO Box No.	82 Smith St. Rm 115
City, State, ZIP+4	Providence, RI 02903

PS Form 3800, August 2006

See Reverse for Instructions

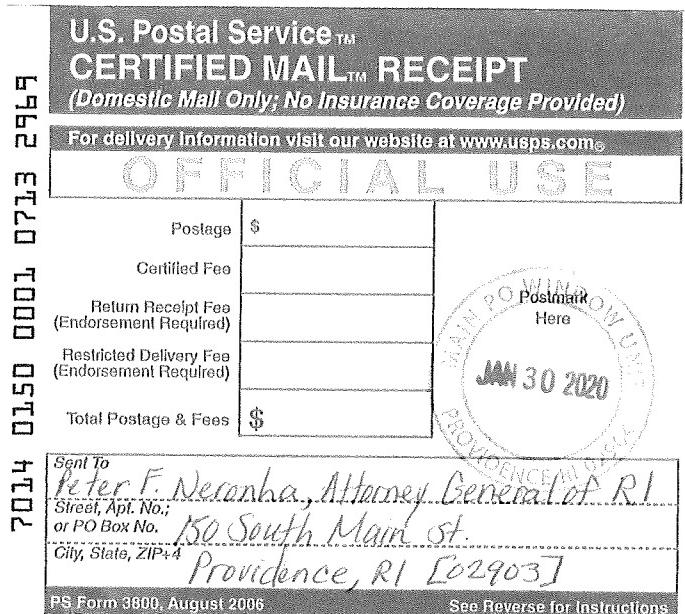
7014 0150 0001 0713 2976

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
JAN 30 2006
PROVIDENCE R.I. 02903

Sent To:
Marisa P. Brown, Superior Court Administrator
Street, Apt. No.,
or PO Box No. 1250 Benefit Street
City, State, ZIP+4 Providence, RI 02903

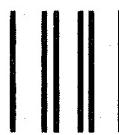
PS Form 3800, August 2006 See Reverse for Instructions



UNITED STATES POSTAL SERVICE

RICKS

03 FEB 20



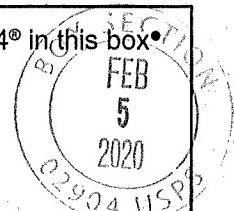
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box.

CHARLES EMANUEL PORTER PONA, ESTATE.
Executor Office.

Nation Rhode Island.
General Post-Office.
Corliss street-Two-Four.
Providence.

United States Minor Outlying Islands.
Near. [02904-9998]

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Superior Court administrator,
Marisa P. Brown.
Providence County Superior
Court
Frank Licht Judicial Complex
250 Benefit Street
Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|---|---|
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Priority Mail Express™ |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Collect on Delivery |

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number 7014 0150 0001 0713 2976

(Transfer from service label) AFFIXED TO CERTIFIED DOCUMENT INSIDE ENVELOPE

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rhode Island Attorney General,
 Peter F. Neronha
 RI Attorney General Office
 150 South Main St.
 Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 1014 0150 0001 0713 2969

(Transfer from service label) Affixed to certified Document inside envelope

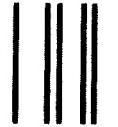
PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

RI 028

03 FEB 20



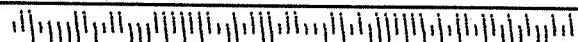
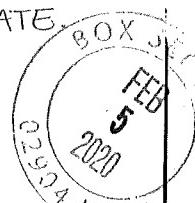
First-Class Mail
 Postage & Fees P.
 USPS
 Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

CHARLES EMANUEL PORTER PONA, ESTATE
 Executor Office.

Nation Rhode Island.
 General Post-Office.
 Corliss Street- Two-Four.
 Providence.

United States Minor, Outlying Islands.
 Near. [02904-9998]



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rhode Island Governor,
 Gina M. Raimondo
 82 Smith St. Rm 115
 Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**
 Agent
 Address
B. Received by (Printed Name)**C. Date of Deliver**

2/13

This delivery address different from item 1? Yes
 If YES, enter delivery address below: No

COLLECT
 FEB 2020
 PROVIDENCE, RI
 02904

3. Service Type

- | | |
|---|---|
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Priority Mail Express™ |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Collect on Delivery |

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number** 7014 0150 0001 0713 2952(Transfer from service label) *Affixed to Certified Document inside envelope*

PS Form 3811, July 2013

Domestic Return Receipt